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INFORMATION REPORT

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1. Many mines were located in the area around Krasnopol (N 50-47, E 35-15) in Voroshilovgrad Oblast. In September 1949, a large group of German PWs was sent to Krasnopol to construct a settlement for the miners and also to build a PW Camp at Bryanka, five kilometers from Krasnopol. The PW camps at Bryanka and Krasnopol each contained approximately 2,000 prisoners, and each had a hospital with 60-75 beds. Other camps in the area, with fewer prisoners, had hospitals with about 15 beds. In addition to the individual camp hospitals, there was a special hospital which moved from one PW camp to another. This hospital always had 75 beds, determined by an MVD order. The hospital was originally located in Kadiyevka (N 48-34, E 38-40) and subsequently in the following cities: Stalino (1949), Dnepropetrovsk (1950), Shakhty (early 1951), and, finally, Sverdlovsk in late 1951.

Hospital Facilities

2. The PW hospital in Krasnopol was a two-story, stone building, located at the edge of the miners' housing settlement. The building was designed like a barracks with a hall down the middle and single rooms on each side. Toilets and washing facilities were located at each end. The building was approximately 80 meters long and 12 meters wide.
3. The PW hospital in Bryanka was located in the center of the town. It was in a prewar building built on the slope of a hill so that there were three different levels with three separate entrances. The hospital contained about 65 beds and also housed some of the staff. The hospital had a surgical section and an internal medicine section, within which was an infectious disease section consisting of one or two rooms and also a dispensary with two rooms. The out-patient section had 15 beds and was used to house patients for three or four days while they were awaiting final diagnosis. Except for surgery, which was in charge of a Soviet surgeon, the German physicians took care of most of the patients. Case histories were dictated in German and translated into Russian for the records.

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25 YEAR RE-REVIEW

STATE	X	ARMY	#X	NAVY	#X	AIR	#X	FBI		AEC		DSI	Ev	x		
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(NOTE: Washington distribution indicated by "X"; Field distribution by "#".)

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Medical Personalities at Bryanka Hospital

4. The following is a list of Soviets at Bryanka Hospital:

- a. Major Goldshteyn (fnu), a medical doctor [REDACTED] in charge of medical administration. [REDACTED] 25X1
- b. Captain Marya Dmitriyevna Noiman [REDACTED] was a female internist and chief physician. [REDACTED]
- c. Captain Usov (fnu) [REDACTED] was chief surgeon until August 1950, when he was replaced by Lt. Kortelenets. . 25X1
- d. 1st Lieutenant Lena Feodorevna Kortelenets [REDACTED] became chief surgeon and physician at the camp in 1950. [REDACTED]

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- e. 1st Lieutenant Tatyana Viktorovna Nikolayevna [REDACTED] was the physician in charge of the dispensary. [REDACTED]
5. In addition to the staff of Soviet physicians, six German physicians and two German dentists worked at the Bryanka camp hospital. Dr. Gross (fnu), a surgeon, arrived in 1950. [REDACTED] 25X1
- [REDACTED] The German doctors included: Dr. Herman (fnu), an internist [REDACTED] Dr. Christiansen (fnu), a neuropathologist and psychiatrist [REDACTED] Dr. Stauzebach (fnu), in charge of physical therapy; Dr. Schieck (fnu), in charge of ENT; and Dr. Wagner (fnu).

Drugs and Pharmaceuticals

6. Many PW camps were in the area, and the MVD had established a large medical supply dump in Kadiyevka for the use of the PWs. Most of these supplies were captured war materiel and included Hungarian, German, and Rumanian drugs and medical equipment. [REDACTED] Four times a year medical supplies were ordered from Soviet MVD supply dumps in Voroshilovgrad, Kiev, and Kharkov. There were always shortages, but these increased noticeably after the start of the Korean War. The PWs were not able to get any drugs [REDACTED] Even when they were included in packages, they were often stolen by Soviets before the packages were delivered. Some of the Soviet medical staff conscientiously attempted to recover these drugs for use in the hospital, but even when they were able to trace them it was usually impossible to get all of them back. 25X1
7. Very little sulfa was available even to the Soviets. [REDACTED] In 1953, when the stocks of foreign sulfa drugs became very low, the Soviets apparently were still not able to provide any for the PW hospital. The Soviet product, disulfan, was usually used to treat dysentery. This product was extremely toxic. The Soviets stated that they had a new sulfa preparation released for use in 1953. The product was called phthalazol and was to be used only for treating dysentery. A supply was available for treatment of any German PWs who might contract dysentery during their repatriation in September 1953. However, the product was so new that the Soviets were not sure of the required dosage, and, consequently, patients were treated with amounts varying from three to six grams per day, depending on the patient's condition. 25X1

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8. Soviet penicillin became available in 1949. This was a crystalline type which had to be dissolved in water prior to use. No depot-type penicillin was ever available in the PW camps, nor were there any combined penicillin products. When it was necessary to administer penicillin with novocain, the two had to be combined by hand prior to injection. Supplies of penicillin were always short, even in 1953. Penicillin was obtained from the main pharmacy in Kadiyevka.
9. Except for one occasion, no streptomycin was ever used in the PW hospital. In 1952, a case of testicle tuberculosis occurred in one of the prisoners. This was treated for one week with Soviet streptomycin which was purchased on the market by one of the Soviet physicians. Enough streptomycin for one week's treatment cost 1,000 rubles. The Soviet physician who had purchased the drug had utilized a special fund which, prior to 1951, had been set up to purchase rare drugs for treatment of PWs. When this fund was dissolved, either the Soviet physicians or the Germans were obliged to pay, out of their own pockets, for any non-issue drug items.
10. In 1952, PAS (para-amino-salicylic acid) became available on the Soviet market and, when needed, was bought and paid for by the camp physicians.
11. Ether, ethyl chloride, and morphine were supplied in ampules and were of Soviet manufacture. A plentiful supply of aspirin existed, but very little pyramidon or phenacetin was available. Some caffeine and codeine were available in bulk and had to be mixed before use. However, a prepared product was on sale in the Soviet pharmacies. Luminal was used as a hypnotic. Some phanodorm and noctal were available from old German stocks. The Soviets had a preparation called bromural. A Hungarian drug called zebenon (phonetic) was also available.
12. Akrikhin in tablet or powdered form was used for treatment of malaria, but no injectable material was available. One of the German physicians, who had formerly been in Baku, where malaria was a serious problem, had tried to dissolve the powdered akrikhin in order to make an injectable form. However, this preparation was not successful, and its use led to the formation of abscesses at the site of injection. Other drugs used in the treatment of malaria included plasmocid, bigumal, and a mixture of akrikhin and plasmocid which came in the form of a green tablet. In addition, all the captured stocks of atebirin had been dumped together by the Soviets without regard to tablet size. Unfortunately, each pharmaceutical company () had made tablets containing various amounts of atebirin as required by the German Armed Forces. After the supplies were mixed, there was no way to determine the exact amount in the tablets. Some quinine hydrochloride of German manufacture was available. The Soviets also had quinine but were reluctant to furnish it to the PWs as their own supply was always short.

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Other Medical Supplies

13. No X-ray instruments, cystoscopes, or catheters were available. Most of the surgical instruments were of German Army origin and were obtained from the MVD supply dump. Some of the simple surgical instruments, such as those used for tonsillectomies, were of Soviet manufacture.
14. Soviet physicians were well aware of the advantages of blood transfusion. In 1949-1950, they recommended the use of blood transfusions in the treatment of dystrophy. In the PW hospitals, apparatus for the administration of citrated blood was available, but none existed for direct transfusion. Some captured stocks of Periston and Vetran were used for treatment of the PWs, but the Soviets themselves never employed any blood substitute or extender other than saline. Sera for blood typing were very difficult to obtain.

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15. From 1945 through 1947, when a crop failure occurred in the Ukraine, the supply of food was very short. The situation improved in 1948, but food became scarce again in 1950 at the start of the Korean War. During one of the famine periods, the PWs dug roots which they ate. These roots produced symptoms of atropine intoxication, but there were no deaths. In the Pskov area, the native population ate what appeared to be a poisonous mushroom. They claimed this mushroom became edible if it was boiled twice and the water discarded after each cooking.

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1. Comment: Veteran is a liver extract rather than a blood substitute.

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